

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING (OCJP)
VICTIM WITNESS BRANCH

ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM (EAAOP)
PART IV - PROPOSAL FORMS

Competitive Request for Proposals (RFP)
Proposal Checklist and Required Sequence

This checklist is provided to assist the applicant in ensuring that a complete proposal is submitted to OCJP. Failure to include any of the following elements may result in disqualification of the proposal.

- ☐ GRANT AWARD FACE SHEET, signed by the official authorized to enter into Grant Award Agreement (*General Instructions*)

- ☐ PREFERENCE POINTS CERTIFICATION FORM, signed by the designated Enterprise Zone Contact (*General Instructions*)

- ☐ PROJECT NARRATIVE (*Programmatic Instructions*)
 - Problem Statement
 - Plan
 - Implementation

- ☐ PROJECT BUDGET (*General Instructions and Programmatic Instructions*)
 - Budget Narrative
 - Budget Forms - OCJP A303a, A303b, A303c

- ☐ PROPOSAL APPENDIX (*General Instructions and Programmatic Instructions*)

**GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING (OCJP A301)
GRANT AWARD FACE SHEET**

The Office of Criminal Justice Planning, hereafter designated OCJP, hereby makes a grant award of funds to the following **Administrative Agency (1)** _____ hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____

Contact _____ **Address** _____

Telephone ()

(3) Project Title (60 characters maximum)	(6) Award No.
(4) Project Director (Name, Title, Address, Telephone) (four lines maximum)	(7) Grant Period
	(8) Federal Amount
	(9) State Amount
(5) Financial Officer (Name, Title, Address, Telephone) (four lines maximum)	(10) Cash Match
	(11) In-Kind Match
	(12) Total Project Cost

This grant award consists of this title page, the proposal for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified; and (3) any funds not expended or not expended for an authorized purpose by the close of the grant period as specified in 7 above shall revert to the Office of Criminal Justice Planning. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the OCJP Grantee Handbook, and the OCJP audit requirements, as stated in this Request for Proposal (RFP). The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP.

FOR OCJP USE ONLY

Item:
Chapter:
PCA No.:
Components No.:
Project No.:
Amount:
Split Fund:
Split Encumber:
Year:
Fed. Cat. #:
Match Requirement:
Fund:
Program:
Region:

**(13) Official Authorized to Sign for
Applicant/Grant Recipient**

Name:
Title:
Address:
Telephone: ()
Date:

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Fiscal Officer, OCJP Date

Executive Director, OCJP Date

PREFERENCE POINTS CERTIFICATION

Use this format if one is not provided by the Lead agency.

DATE:

TO: GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING

FROM: Community Contact
Enterprise Zone Program

SUBJECT: PREFERENCE POINTS

(check only one box)

- ☐ (5%) The applicant named below has targeted this enterprise zone for grant-related activities.
- ☐ (2%) The applicant named below has not specifically targeted this enterprise zone for grant-related activities. However, the applicant provides needed services to residents of this community.

Applicant Name: _____

Project Name: _____

Address: _____

Program Zone: _____

I certify that I have reviewed the proposed project and that it meets the eligibility requirements for preference points as required by California Government Code Section 7082.

Print Name of Enterprise Zone Contact

Title

Signature of Enterprise Zone Contact

Date

Name of Enterprise Zone Agency

Address

() _____

Telephone Number

THE PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Programmatic Instructions for details.

THE BUDGET NARRATIVE
GOES HERE

No standard forms are provided for the Budget Narrative.

See Programmatic Instructions for details.

BUDGET CATEGORY AND LINEITEM DETAIL	
A. Personal Services - Salaries/Employee Benefits	COST

TOTAL	
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BUDGET CATEGORY AND LINEITEM DETAIL	
B. Operating Expenses	COST

TOTAL	
--------------	--

BUDGET CATEGORY AND LINE ITEM DETAIL				
C. Equipment	COST			
CATEGORY TOTAL				
PROJECT TOTAL				
FUND DISTRIBUTION	FEDERAL	STATE	CASH MATCH	IN-KIND MATCH
1. Amount of Funds				

2. Percentage of Funds				
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OCJP-A303c (Rev. 7/97)

**THE PROPOSAL APPENDIX
GOES HERE**

See Programmatic Instructions for details.

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the _____ (applicant agency) _____ and the (agency) _____ intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in _____ (jurisdiction) _____. Both agencies believe that implementation of the proposal, as described herein will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

1. The _____ (applicant agency) _____ project will closely coordinate the following services with the (agency) _____ through:

- Project staff being readily available to _____ (agency) _____ for service provision through (describe arrangements with the agency) _____;
- Regularly scheduled meetings _____ (how often) _____ between _____ (persons/positions) _____ to discuss strategies, time tables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of _____ (applicant agency) _____ and _____ (agency) _____, do hereby approve this document.

For _____

For _____

Date _____

Date _____